

P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641 • 800-548-4301 • www.neee.com

ROOFERS APPLICATION SUPPLEMENT

	SINESS INFORIVIA	TION								
1.	Named Insured:				County		400			
2.	Mailing Address	Mailing Address Street		City		State	ZIP Code			
3.	Effective Date D	esired:		Term	Desired:					
4.	Applicant is:	☐ Individual ☐ Other (specify)	☐ Partnership :	☐ Corporation	on LLC	LLC Trust				
	If more than one	If more than one entity, include the ownership breakdown and a description of operation for each.								
					Occupa	incy C	Own Lease			
5.	Location of premises:		Same as mailing address		_					
	(List additional	(List additional locations on separate page)								
6.	Have you operat	Have you operated under any other name(s)?								
	If yes, indicate:									
	Name:									
	Address:									
	Years in operation	Years in operation:								
7.	Years in current	business:		Years of exp	perience as a co	rience as a contractor:				
8.	Contractors Lice	Contractors License No. and type:								
9.	Are you presentl	y, or do you inten	d in the future, to be	involved in res	idential construc	ction?	Yes No			
10.	Have you been i	nvolved, in the pa	st, with residential c	onstruction?			Yes No			
		ate you discontinu								
11.	THREE FULL YE	ARS:	ID LOSSES WHETI	HER COVERE	D BY INSURAN	CE OR NOT	FOR THE PAST			
V		Carrier/Policy Number/		# of Losses		Description of Losses (Use separate sheet if necessary)				
16	sai	Premium	Coverage	Losses	Amount	(Ose separa	e silect ii fiecessaly)			
				_						
N 4:-	and in the second of the secon	O NOT								
	souri Applicants: I		nis question. ed, refused, or nonre	enewed by any	company during	the nast 3 v	pare?			
	No Yes - If Ye	es give name of c	ompany, date, and r	enewed by any	company during	gille past 5 y	ears?			
Ш.		o, give name er e	orripariy, date, ariar	000011.						
12.	Do vou have an	Do you have any past or pending construction defect claims? Yes No								
		If yes, describe in detail:								
CO	VERAGE/LIMITS	REQUESTED								
1.	General Aggreg		\$							
•		Products/Completed Operations Aggregate \$								
	Personal & Adv		\$	1						
	Each Occurrence		\$							
	Fire Damage (A		\$							
		se (Any One Perso	νn) Φ							
	iviedicai Expens	e (Ally One Perso	л у							

S2907-CG (1/12) Page 1 of 4

2.	Annual Payroll: \$	Gross Sales: \$				
3.	# of Employees:		# of Owners:			
4.	Receipts for previous three years:	-				
	Year 20 \$ Year 2	0	\$	Year 20	\$	
5.	Percent of your work performed by or on beha	If of the nam	ned insured:	•		
	New Construction % Rem	nodeling	%	Repairs	%	= 100%
		mercial	%	Industrial	%	= 100%
6.	List any roofing/builder associations in which y	ou are a me	mber:			
	, ,					
DES	CRIPTION OF OPERATIONS					
1.	Describe your operations:					
	, ,					
2.	Operations & Percentage Of Your Work:					
	Residential (homes, condos)	%	Commercial re	epair/patching		%
	Commercial (office bldgs., schools, retail)	%	Industrial repa			%
	Industrial (plants, warehouses)	%	Residential re		-	%
	Residential new construction	%	Commercial re	•	3.77	%
	Commercial new construction	%	 Industrial replacement 	•	_	%
	Industrial new construction	%	Pitched roofs			%
	Residential repair/patching	%	Flat roofs		-	%
3.	Check type of roof and give percentage:		1 10013			70
0.		Shingles	%	☐ Metal		%
		inigies Slate	%	Single Ply	-	 %
	Other % Describe:	-	70	. Girigie i iy	-	70
4.	Indicate work done other than roofing:	•				
٦.	5	sbestos Rer	noval \square Pa	in Gutters		
			novai 🗀 Na	in Guilers		
	☐ Carpentry ☐ Insulation ☐ Welding					
5.	Other (describe):					
J.	hot tar or torch is used, explain in detail the following:					
	Safety precautions used:					
6.		lo				
7.	Are hot tar kettles roped off? Yes No					
7 . 8.	Do you maintain a fire watch during and after hot work completion (including break periods)?					
0.	Tiow long do you maintain the me water during	g and anci i	ot work completi	on (moldang break p	criods);	,
9.	Is the job site inspected after completion of ho	t work and a	n activity log doc	umented with the tim	ne and d	ate of the
3 .	final check? Yes No	t work and a	ir activity log doc	amented with the tim	ie and d	ate of the
10.						
	How long is the hot work activity log maintained?					
11. 12.	Do you have at least three years of experience with hot tar? Yes No					
	Percentage of: New Roofing: % Repair Work: %					
13. 14.		Oo you have any incidental welding exposures in your roofing business? Yes No				
14.	you use any unusual processes? Yes No					
	If yes, include name of manufacturer and training in the process:					
15.	Do you subcontract any work?	es 🗌 No				
١٥.	•	es ∟ 100 %				

S2907-CG (1/12) Page 2 of 4

16.	Indicate type of work subcontracted out:					
	☐ Waterproofing ☐ Siding ☐ Asbestos Removal ☐ Rain Gutters					
	☐ Carpentry ☐ Insulation ☐ Other (describe):					
17.	Annual cost of work subcontracted out: \$ yearly					
18.	Are Certificates of Insurance (of equal limits) received on all subcontracted work? Yes No					
19.	Indicate how long Certificates of Insurance are kept:					
	☐ Until job ends ☐ One year ☐ Two years ☐ Three years					
	☐ More than three years ☐ Never kept					
20.	Do you offer warranties?					
	If yes, attach copies of warranty.					
21.	Average height of buildings you work on: stories					
22.	Highest building you will work on: stories					
23.	Where is trash/waste/scrap disposed?					
24.	Is this disposal process environmentally safe? Yes No					
25.	Have you ever used, sold, installed or worked with asbestos?					
	If yes, explain:					
26.	Any LPG storage?					
	If yes, how much?					
	How is it stored?					
	What are the safety precautions?					
27.	For the last three (3) years, list five (5) largest jobs and types;					
	(1)					
	(2)					
	(3)					
	(4)					
	(5)					
28.	List types of owned equipment used on the job:					
	List type of equipment rented and check the frequency of such rental: Daily Weekly Monthly Yearly					
29.	Do you have a written safety program?					
30.	How do you protect the general public from potential injury? (Check one or more)					
	Rope off work area Signs Cones Flashing lights					
	☐ Man always on the ground ☐ No protection necessary					
	Other (describe):					
31.	How are materials lifted to the roof?					
	Ladder Hoist Pully Crane					
	Other (describe):					
32.	Are materials and equipment left overnight at job site?					
33.	Openings in roof are protected overnight by:					
	Tarp Waterproof plywood Never leave openings					
	Other (describe):					
34.	Are all jobs inspected by a foreman or the contractor at completion before leaving the job site?					

S2907-CG (1/12) Page 3 of 4

FRAUD STATEMENTS				
ELORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim ran application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.				
LOUISIANA and MAINE: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.				
Refer to the Core Application for all Fraud Statements.				
IMPORTANT NOTICE				
DECLARATION				
I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.				
As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.				
SIGNATURES				
Applicant Signature	Title	Date		
Producer Signature		Date		

Agent:

Are you personally familiar with the Applicant's operations? ☐ Yes ☐ No Did your office control this risk in the past year? ☐ Yes ☐ No

Agent Name and Address

S2907-CG (1/12) Page 4 of 4